

Work Order ID **141101**

Tuesday, January 26, 2016 3:21:27 PM

**\*141101\***

Page 1

Item ID: D2573

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Saddle, Aft, Out

Stop **\*NS2\***

Start Date: 1/26/2016 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 1/26/2016 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan:

Date: FEB 01 2016

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D2573    | F            |

100

0.00

**\*100\***

HAAS 1

HAAS CNC VERTICAL MACHINING #1

Memo

0.02

Program Batch No. **B 141101**

Double check by: sd

1-Machine Step No 1 per Folio FA051 and inspect per attached Dimension Sheets

2-Machine Step No 2 per Folio FA051 and inspect per attached Dimension Sheets

3-Machine Step No 3 per Folio FA051 and insp

DAS 08 9-89  
DAS 20 16-03-30  
9-89

110

0.00

**\*110\***

Mill Conv

CONVENTIONAL MILLING MACHINE

Memo

0.01

Machine keyway as per dwg D2573 & D2574

Conventional Milling Machine

DAS 08 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | MRB (QSI042) Approval                                                                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                    |  |

# Work Order ID 141101

Tuesday, January 26, 2016 3:21:27 PM

**\*141101\***

Page 3

Item ID: D2573 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Saddle, Aft, Out  
 Start Date: 1/26/2016 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 1/26/2016 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                      | Operation<br>Description                                                                                                                                        | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number  | Insp.<br>Stamp                           |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|-------------------|------------------------------------------|
| 150<br><b>*150*</b><br>Powdercoat<br>Powder Coating | White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum<br><i>M1341341</i><br>Memo<br>START TIME: <i>7:45</i><br>OVEN TEMPERATURE: <i>320°</i><br>FINISH TIME: <i>8:15</i> | 0.00<br>0.00         |         |        |              | <i>12</i>     | <i>0</i>      | <i>16-04-12</i>   | <i>DAS 34 9:02</i>                       |
| 160<br><b>*160*</b><br>QC<br>Quality Control        | QC3- Inspect Part Finish<br>Memo                                                                                                                                | 0.00<br>0.00         |         |        |              | <i>(12)</i>   |               |                   | <i>DAS 38 9:00</i><br><i>APR 12 2016</i> |
| 170<br><b>*170*</b><br>Packaging<br>Packaging       | Identify as per dwg & Stock Location: <i>8T398</i><br>Memo                                                                                                      | 0.00<br>0.00         |         |        |              | <i>12</i>     |               | <i>8/16-04-12</i> |                                          |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

**Work Order ID 141101**

Tuesday, January 26, 2016 3:21:27 PM

**\*141101\***

Page 4

Item ID: D2573

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Saddle, Aft, Out

Start Date: 1/26/2016 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 1/26/2016 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.01

Quality Control

MLJ APR 12 2016MLJ APR 12 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |  |



# Picklist Print

Tuesday, January 26, 2016 3:21:27 PM

Page 1

Work Order ID: 141101

**\*141101\***

Parent Item: D2573

**\*D2573\***

Parent Item Name: Saddle, Aft, Out

Start Date: 1/26/2016

Required Date: 1/26/2016

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: I As Per RevE 06-01-27 JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued  | Status      |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|-----------------|-------------|
| D6101-007                       |                        | Manufactured  | No          |                     |                  | 100             | Each               | 38.0000        | 1           | 4            |               |                 |             |
| <b>*D6101-007*</b>              |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | <b>16/03/29</b> | <b>DAS</b>  |
| Saddle Billet                   |                        |               |             |                     |                  |                 |                    |                |             |              |               |                 | <b>08</b>   |
|                                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                 | <b>9-89</b> |

Location

Loc Qty

Loc Code

MAT041

23

136766

23

1

MAT043

15

135939

15

11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                          |                           |
|------------------------------------------|---------------------------|
| <b>DART AEROSPACE LTD</b>                | <b>Work Order:</b> 141101 |
| <b>Description:</b> Saddle, Aft Outboard | <b>Part Number:</b> D2573 |
| <b>Inspection Dwg:</b> D2573 Rev. F      | <b>Page 1 of 1</b>        |

Inspect dimensions highlighted on inspection sheet drawing D2573 Rev. E and record below:

|     |       |       |                | Recorded Actual Dimensions |       |       |       | By | Date |
|-----|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
| Dim | Min   | Max   | Go/No Go Gauge | 1                          | 2     | 3     | 4     |    |      |
| A   | 0.438 | 0.443 |                | .438                       | .438  | .438  | .438  |    |      |
| B   | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| C   | 3.495 | 3.505 |                | 3.500                      | 3.500 | 3.500 | 3.500 |    |      |
| D   | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| E   | 7.990 | 8.010 |                | 8.000                      | 8.000 | 8.000 | 8.000 |    |      |
| F   | 0.490 | 0.510 |                | .500                       | 0.500 | 0.500 | 0.500 |    |      |
| G   | 0.257 | 0.262 |                | .258                       | .258  | .258  | .258  |    |      |
| H   | 0.375 | 0.380 |                | .376                       | .376  | .376  | .376  |    |      |
| I   | 0.490 | 0.510 |                | .502                       | 0.501 | 0.501 | 0.501 |    |      |
| J   | 1.174 | 1.184 |                | 1.179                      | 1.179 | 1.179 | 1.179 |    |      |
| K   | 0.558 | 0.578 |                | .568                       | .568  | .568  | .568  |    |      |
| L   | 1.174 | 1.184 |                | 1.179                      | 1.179 | 1.179 | 1.179 |    |      |
| M   | 1.365 | 1.375 |                | 1.370                      | 1.370 | 1.370 | 1.370 |    |      |
| N   | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| O   | 4.119 | 4.129 |                | 4.124                      | 4.124 | 4.124 | 4.124 |    |      |
| P   | 0.115 | 0.135 |                | .135                       | .135  | .135  | .135  |    |      |
| Q   | 0.115 | 0.135 |                | .125                       | 0.125 | 0.124 | 0.125 |    |      |
| R   | 0.240 | 0.260 |                | .250                       | 0.251 | 0.251 | 0.251 |    |      |
| S   | 0.115 | 0.135 |                | .128                       | 0.124 | 0.126 | 0.125 |    |      |
| T   | 0.178 | 0.198 |                | .188                       | .188  | .188  | .188  |    |      |
| U   | 3.210 | 3.250 |                | 3.230                      | 3.230 | 3.230 | 3.230 |    |      |
| V   | 0.230 | 0.250 |                | .240                       | 0.241 | 0.241 | 0.235 |    |      |
| W   | 0.115 | 0.135 |                | .135                       | 0.125 | 0.125 | 0.123 |    |      |
| X   | 0.308 | 0.313 |                | 0.311                      | 0.311 | 0.311 | 0.311 |    |      |
| Y   | 0.760 | 0.765 |                | 0.760                      | 0.760 | 0.760 | 0.760 |    |      |
| Z   | 0.352 | 0.372 |                | .364                       | 0.367 | 0.362 | 0.362 |    |      |
| AA  | 0.470 | 0.530 |                | .500                       | .500  | .500  | .500  |    |      |
| AB  | 0.615 | 0.635 |                | .625                       | 0.627 | 0.627 | 0.627 |    |      |
| AC  | 0.053 | 0.073 |                | .063                       | .063  | .063  | .063  |    |      |
| AD  | 0.240 | 0.260 |                | .251                       | 0.253 | 0.253 | 0.245 |    |      |
| AE  | 1.500 | 1.520 |                | 1.516                      | 1.510 | 1.510 | 1.510 |    |      |
| AF  | 0.115 | 0.135 |                | .125                       | .125  | .125  | .125  |    |      |
| AG  | 0.240 | 0.280 |                | .275                       | .275  | .275  | .275  |    |      |
| AH  | 0.240 | 0.260 |                | .253                       | .253  | .253  | .253  |    |      |
| AI  | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.000 | 2.000 |    |      |
| AJ  | 0.023 | 0.043 |                | .033                       | .033  | .033  | .033  |    |      |

Accept/Reject DAS

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DAS

45

|                   |                  |
|-------------------|------------------|
| Measured by: 9-89 | Audited by: 9-89 |
| Date: 16-03-30    | Date: 2016-4-6   |

| Rev | Date     | Change                                  | Revised by | Approved |
|-----|----------|-----------------------------------------|------------|----------|
| B   | 02.09.26 | Re-format; Added Rev. D                 | KJ         |          |
| C   | 02.10.11 | Re-format; Added DT8682, DT8683, DT8684 | KJ         |          |
| D   | 05.05.05 | Added dimension AI                      | KJ/RF      |          |
| E   | 05.12.05 | Added dimension AJ                      | KJ/JLM     |          |
| F   | 13.03.07 | Dwg Rev updated                         | KJ         |          |

|                                          |                           |
|------------------------------------------|---------------------------|
| <b>DART AEROSPACE LTD</b>                | <b>Work Order:</b> 141101 |
| <b>Description:</b> Saddle, Aft Outboard | <b>Part Number:</b> D2573 |
| <b>Inspection Dwg:</b> D2573 Rev. F      | <b>Page 1 of 1</b>        |

Inspect dimensions highlighted on inspection sheet drawing D2573 Rev. E and record below:

|               |       |       |                | Recorded Actual Dimensions |       |       |       | By | Date |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
| Dim           | Min   | Max   | Go/No Go Gauge | 5 #                        | 6 #   | 7 #   | 8 #   |    |      |
| A             | 0.438 | 0.443 |                | 0.438                      | 0.438 | 0.438 | 0.438 |    |      |
| B             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| C             | 3.495 | 3.505 |                | 3.500                      | 3.500 | 3.500 | 3.500 |    |      |
| D             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| E             | 7.990 | 8.010 |                | 8.000                      | 8.000 | 8.000 | 8.000 |    |      |
| F             | 0.490 | 0.510 |                | 0.500                      | 0.498 | 0.500 | 0.500 |    |      |
| G             | 0.257 | 0.262 |                | 0.258                      | 0.258 | 0.258 | 0.258 |    |      |
| H             | 0.375 | 0.380 |                | 0.377                      | 0.377 | 0.377 | 0.377 |    |      |
| I             | 0.490 | 0.510 |                | 0.501                      | 0.501 | 0.501 | 0.501 |    |      |
| J             | 1.174 | 1.184 |                | 1.179                      | 1.179 | 1.179 | 1.179 |    |      |
| K             | 0.558 | 0.578 |                | 0.569                      | 0.569 | 0.569 | 0.569 |    |      |
| L             | 1.174 | 1.184 |                | 1.179                      | 1.179 | 1.179 | 1.179 |    |      |
| M             | 1.365 | 1.375 |                | 1.370                      | 1.370 | 1.370 | 1.370 |    |      |
| N             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| O             | 4.119 | 4.129 |                | 4.124                      | 4.124 | 4.124 | 4.124 |    |      |
| P             | 0.115 | 0.135 |                | 0.135                      | 0.135 | 0.135 | 0.135 |    |      |
| Q             | 0.115 | 0.135 |                | 0.125                      | 0.125 | 0.124 | 0.125 |    |      |
| R             | 0.240 | 0.260 |                | 0.252                      | 0.252 | 0.251 | 0.252 |    |      |
| S             | 0.115 | 0.135 |                | 0.126                      | 0.127 | 0.127 | 0.126 |    |      |
| T             | 0.178 | 0.198 |                | 0.188                      | 0.188 | 0.188 | 0.188 |    |      |
| U             | 3.210 | 3.250 |                | 3.230                      | 3.230 | 3.230 | 3.230 |    |      |
| V             | 0.230 | 0.250 |                | 0.241                      | 0.242 | 0.241 | 0.241 |    |      |
| W             | 0.115 | 0.135 |                | 0.125                      | 0.125 | 0.124 | 0.125 |    |      |
| X             | 0.308 | 0.313 |                | 0.311                      | 0.311 | 0.311 | 0.311 |    |      |
| Y             | 0.760 | 0.765 |                | 0.760                      | 0.760 | 0.760 | 0.760 |    |      |
| Z             | 0.352 | 0.372 |                | 0.362                      | 0.356 | 0.361 | 0.362 |    |      |
| AA            | 0.470 | 0.530 |                | 0.500                      | 0.500 | 0.500 | 0.500 |    |      |
| AB            | 0.615 | 0.635 |                | 0.627                      | 0.627 | 0.627 | 0.627 |    |      |
| AC            | 0.053 | 0.073 |                | 0.063                      | 0.063 | 0.063 | 0.063 |    |      |
| AD            | 0.240 | 0.260 |                | 0.253                      | 0.233 | 0.253 | 0.253 |    |      |
| AE            | 1.500 | 1.520 |                | 1.510                      | 1.510 | 1.573 | 1.573 |    |      |
| AF            | 0.115 | 0.135 |                | 0.132                      | 0.132 | 0.132 | 0.132 |    |      |
| AG            | 0.240 | 0.280 |                | 0.275                      | 0.275 | 0.275 | 0.255 |    |      |
| AH            | 0.240 | 0.260 |                | 0.250                      | 0.250 | 0.250 | 0.249 |    |      |
| AI            | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.002 | 2.002 |    |      |
| AJ            | 0.023 | 0.043 |                | 0.033                      | 0.033 | 0.033 | 0.033 |    |      |
| Accept/Reject |       |       |                |                            |       |       |       |    |      |
|               |       |       |                |                            |       |       |       |    |      |

|                   |                  |
|-------------------|------------------|
| Measured by: B. a | Audited by: 9.89 |
| Date: 16/03/31    | Date: 2016-9-6   |

| Rev | Date     | Change                                  | Revised by | Approved |
|-----|----------|-----------------------------------------|------------|----------|
| B   | 02.09.26 | Re-format; Added Rev. D                 | KJ         |          |
| C   | 02.10.11 | Re-format; Added DT8682, DT8683, DT8684 | KJ         |          |
| D   | 05.05.05 | Added dimension AI                      | KJ/RF      |          |
| E   | 05.12.05 | Added dimension AJ                      | KJ/JLM     |          |
| F   | 13.03.07 | Dwg Rev updated                         | KJ         |          |

|                                          |  |                     |        |
|------------------------------------------|--|---------------------|--------|
| <b>DART AEROSPACE LTD</b>                |  | <b>Work Order:</b>  | 141101 |
| <b>Description:</b> Saddle, Aft Outboard |  | <b>Part Number:</b> | D2573  |
| <b>Inspection Dwg:</b> D2573 Rev. F      |  | <b>Page 1 of 1</b>  |        |

Inspect dimensions highlighted on inspection sheet drawing D2573 Rev. E and record below:

|               |       |       |                | Recorded Actual Dimensions |       |       |       | By | Date |
|---------------|-------|-------|----------------|----------------------------|-------|-------|-------|----|------|
| Dim           | Min   | Max   | Go/No Go Gauge | 9                          | 10    | 11    | 12    |    |      |
| A             | 0.438 | 0.443 |                | 0.438                      | 0.438 | 0.438 | 0.438 |    |      |
| B             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| C             | 3.495 | 3.505 |                | 3.500                      | 3.500 | 3.500 | 3.500 |    |      |
| D             | 1.745 | 1.755 |                | 1.750                      | 1.750 | 1.750 | 1.750 |    |      |
| E             | 7.990 | 8.010 |                | 8.000                      | 8.000 | 8.000 | 8.000 |    |      |
| F             | 0.490 | 0.510 |                | 0.500                      | 0.500 | 0.500 | 0.500 |    |      |
| G             | 0.257 | 0.262 |                | 0.258                      | 0.258 | 0.258 | 0.258 |    |      |
| H             | 0.375 | 0.380 |                | 0.377                      | 0.377 | 0.377 | 0.377 |    |      |
| I             | 0.490 | 0.510 |                | 0.500                      | 0.500 | 0.500 | 0.500 |    |      |
| J             | 1.174 | 1.184 |                | 1.179                      | 1.179 | 1.179 | 1.179 |    |      |
| K             | 0.558 | 0.578 |                | 0.569                      | 0.569 | 0.569 | 0.569 |    |      |
| L             | 1.174 | 1.184 |                | 1.179                      | 1.179 | 1.179 | 1.179 |    |      |
| M             | 1.365 | 1.375 |                | 1.370                      | 1.370 | 1.370 | 1.370 |    |      |
| N             | 2.495 | 2.505 |                | 2.500                      | 2.500 | 2.500 | 2.500 |    |      |
| O             | 4.119 | 4.129 |                | 4.124                      | 4.124 | 4.124 | 4.124 |    |      |
| P             | 0.115 | 0.135 |                | 0.135                      | 0.135 | 0.135 | 0.135 |    |      |
| Q             | 0.115 | 0.135 |                | 0.124                      | 0.125 | 0.125 | 0.125 |    |      |
| R             | 0.240 | 0.260 |                | 0.252                      | 0.252 | 0.251 | 0.252 |    |      |
| S             | 0.115 | 0.135 |                | 0.126                      | 0.127 | 0.127 | 0.127 |    |      |
| T             | 0.178 | 0.198 |                | 0.188                      | 0.188 | 0.188 | 0.188 |    |      |
| U             | 3.210 | 3.250 |                | 3.230                      | 3.230 | 3.230 | 3.230 |    |      |
| V             | 0.230 | 0.250 |                | 0.240                      | 0.241 | 0.241 | 0.241 |    |      |
| W             | 0.115 | 0.135 |                | 0.124                      | 0.125 | 0.124 | 0.124 |    |      |
| X             | 0.308 | 0.313 |                | 0.311                      | 0.311 | 0.311 | 0.311 |    |      |
| Y             | 0.760 | 0.765 |                | 0.760                      | 0.760 | 0.760 | 0.760 |    |      |
| Z             | 0.352 | 0.372 |                | 0.361                      | 0.361 | 0.361 | 0.361 |    |      |
| AA            | 0.470 | 0.530 |                | 0.500                      | 0.500 | 0.500 | 0.500 |    |      |
| AB            | 0.615 | 0.635 |                | 0.627                      | 0.627 | 0.627 | 0.627 |    |      |
| AC            | 0.053 | 0.073 |                | 0.063                      | 0.063 | 0.063 | 0.063 |    |      |
| AD            | 0.240 | 0.260 |                | 0.253                      | 0.252 | 0.252 | 0.253 |    |      |
| AE            | 1.500 | 1.520 |                | 1.510                      | 1.510 | 1.510 | 1.510 |    |      |
| AF            | 0.115 | 0.135 |                | 0.132                      | 0.132 | 0.132 | 0.132 |    |      |
| AG            | 0.240 | 0.280 |                | 0.240                      | 0.240 | 0.240 | 0.240 |    |      |
| AH            | 0.240 | 0.260 |                | 0.250                      | 0.250 | 0.250 | 0.250 |    |      |
| AI            | 2.000 | 2.020 |                | 2.000                      | 2.000 | 2.000 | 2.000 |    |      |
| AJ            | 0.023 | 0.043 |                | 0.033                      | 0.033 | 0.033 | 0.033 |    |      |
| Accept/Reject |       |       |                | 45                         |       |       |       |    |      |

|              |          |      |
|--------------|----------|------|
| Measured by: | D.A.     | DAS  |
| Date:        | 16/04/05 | 08   |
|              |          | 9-89 |

|             |          |
|-------------|----------|
| Audited by: | 9-89     |
| Date:       | 2016-4-6 |

| Rev | Date     | Change                                  | Revised by | Approved |
|-----|----------|-----------------------------------------|------------|----------|
| B   | 02.09.26 | Re-format; Added Rev. D                 | KJ         |          |
| C   | 02.10.11 | Re-format; Added DT8682, DT8683, DT8684 | KJ         |          |
| D   | 05.05.05 | Added dimension AI                      | KJ/RF      |          |
| E   | 05.12.05 | Added dimension AJ                      | KJ/JLM     |          |
| F   | 13.03.07 | Dwg Rev updated                         | KJ         |          |

